

NMCP COVID-19 Literature Report #24: Tuesday, 23 June 2020

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Disclaimer: I am not a medical professional. This document is current as of the date noted above. While I make every effort to find and summarize available data, things are changing rapidly, with new research and potentially conflicting literature published daily. Best practice and evidence are constantly shifting during this international public health crisis.

Reports are biweekly, planned for Tuesdays and Fridays.

Statistics

Global 9,131,445 confirmed cases and 472,856 deaths in 188 countries/regions

*United States** top 5 states by cases (Virginia is ranked 12th)

	TOTAL US	NY	CA	NJ	IL	TX
Confirmed Cases	2,313,445	388,488	184,716	169,415	137,224	117,790
Tested	27,553,581	3,452,099	3,411,686	1,267,399	1,380,003	1,549,009
Hospitalized	NA	89,995	NA	19,401	NA	NA
Recovered	640,198	69,710	NA	29,522	NA	69,190
Deaths	120,451	31,176	5,565	12,974	6,671	2,207

*see census.gov for current US Population data; NA: not all data available

[JHU CSSE](https://csse.psu.edu) as of 1000 EDT 23 June 2020

Navy (Department of Defense)

	TOTAL	MIL	CIV	DEP	CTR
Cases	563	357	102	46	58
Hospitalized	8	4	1	1	2
Recovered	3,193	2,492	386	175	140
Deaths	12	1	8	0	3
Cumulative*	3,768	2,850	496	221	201

*cumulative total = active + recovered + deaths

[DOD](https://dod.defense.gov) dated 19 June 2020 – as of Monday, 22 June this will be updated weekly, per Navy.

Virginia	Total	Chesapeake	Hampton	Newport News	Norfolk	Portsmouth	Suffolk	Virginia Beach
Cases	58,994	774	271	452	747	421	380	1,020
Hospitalized	5,913	109	38	44	92	66	55	116
Deaths	1,645	16	5	10	7	16	34	27

[VA DOH](https://vadoph.virginia.gov) as of 1000 EDT 23 June 2020

Evidence Synthesis and Other Reports

[CEBM](#): What is the evidence to support the 2-metre social distancing rule to reduce COVID-19 transmission? (22 June 2020)

"> The 2-metre social distancing rule assumes that the dominant routes of transmission of SARS-CoV-2 are via respiratory large droplets falling on others or surfaces.

> A one-size-fits-all 2-metre social distancing rule is not consistent with the underlying science of exhalations and indoor air. Such rules are based on an over-simplistic picture of viral transfer, which assume a clear dichotomy between large droplets and small airborne droplets emitted in isolation without accounting for the exhaled air. The reality involves a continuum of droplet sizes and an important role of the exhaled air that carries them.

> Smaller airborne droplets laden with SARS-CoV-2 may spread up to 8 metres concentrated in exhaled air from infected individuals, even without background ventilation or airflow. Whilst there is limited direct evidence that live SARS-CoV-2 is significantly spread via this route, there is no direct evidence that it is not spread this way.

> The risk of SARS-CoV-2 transmission falls as physical distance between people increases, so relaxing the 2-metre rule, particularly for indoor settings, might therefore risk an increase in infection rates. In some settings, even 2 metres may be too close.

> Safe transmission mitigation measures depend on multiple factors related to both the individual and the environment, including viral load, duration of exposure, number of individuals, indoor versus outdoor settings, level of ventilation and whether face coverings are worn.

> Social distancing should be adapted and used alongside other strategies to reduce transmission, such as air hygiene, involving in part maximizing and adapting ventilation to specific indoor spaces, effective hand washing, regular surface cleaning, face coverings where appropriate and prompt isolation of affected individuals."

[CADTH](#): Convalescent Plasma Therapy for the Treatment of COVID-19: A Review of Clinical Effectiveness (19 June 2020)

"Convalescent plasma (CP) therapy is an intervention where plasma is collected from recovered COVID-19 patients in the hope that the disease-specific antibodies could help the recipient recover from COVID-19. Evidence on the effectiveness of CP therapy for the treatment of COVID-19 is still in the early stages. This report summarizes the current evidence and it will be updated monthly as a living review."

[CADTH](#): Ongoing Trials of Plasma-Based Therapies for the Treatment of COVID-19 (15 June 2020)

"This report provides information on ongoing randomized controlled trials of intravenous immune globulin and hyperimmune globulin being investigated for the treatment of COVID-19. It will be updated every two weeks."

[ICL](#): Report 27 - Adapting hospital capacity to meet changing demands during the COVID-19 pandemic (15 June 2020)

Although this report focuses on England's National Health Service (NHS), it may be of interest as it looks at planning capacity for routine procedures and possible COVID-19 demands.

"To meet the growing demand for hospital care due to the COVID-19 pandemic, England implemented a range of hospital provision interventions including the procurement of equipment, the establishment of additional hospital facilities and the redeployment of staff and other resources. Additionally, to further release capacity across England's National Health Service (NHS), elective surgery was cancelled in March 2020, leading to a backlog of patients requiring care. This created a pressure on the NHS to reintroduce elective procedures, which urgently needs to be addressed. Population-level measures implemented in March and April 2020 reduced transmission of SARS-CoV-2, prompting a gradual decline in the demand for hospital care by COVID-19 patients after the peak in mid-April. Planning capacity to bring back routine procedures for non-COVID-19 patients whilst maintaining the ability to respond to any potential future increases in demand for COVID-19 care is the challenge currently faced by healthcare planners.

In this report, we aim to calculate hospital capacity for emergency treatment of COVID-19 and other patients during the pandemic surge in April and May 2020; to evaluate the increase in capacity achieved via five interventions (cancellation of elective surgery, field hospitals, use of private hospitals, and deployment of former and newly qualified medical staff); and to determine how to re-introduce elective surgery considering continued demand from COVID-19 patients. We do this by modelling the supply of acute NHS hospital care, considering different capacity scenarios, namely capacity before the pandemic (baseline scenario) and after the implementation of capacity expansion interventions that impact available general and acute (G&A) and critical care (CC) beds, staff and ventilators. Demand for hospital care is accounted for in terms of non-COVID-19 and COVID-19 patients.

Our results suggest that NHS England would not have had sufficient daily capacity to treat all patients without implementing hospital provision interventions. With interventions in place at the peak of the epidemic, there would be no capacity to treat elective CC patients. CC shortfalls would have been driven by a lack of nurses, beds and junior doctors; G&A care would have been limited by bed numbers. If interventions are not maintained, 10% of elective CC patients can be treated once the number of COVID-19 patients has fallen to

1,210; 100% of elective CC patients can be treated once the number of COVID-19 CC patients has fallen to 320. Hospital provision interventions would allow 10% of CC electives to be treated once the number of COVID-19 CC patients has fallen to 2,530 and 100% of CC electives once the number of COVID-19 CC patients has fallen to 1,550. To accommodate all elective G&A patients, the interventions should not be scaled back until the number of COVID-19 G&A patients falls below 7,500. We conclude that such interventions need to be sustained for patients requiring care to be treated, especially if there are future surges in COVID-19 patients requiring hospitalisation."

Selected Primary Literature

Recent—published in peer-reviewed journals within the last 7 days of report's date

[JACC](#): Post-Discharge Prophylaxis With Rivaroxaban Reduces Fatal and Major Thromboembolic Events in Medically Ill Patients (22 June 2020)

"The purpose of this study was to evaluate whether extended-duration rivaroxaban reduces the risk of venous and arterial fatal and major thromboembolic events without significantly increasing major bleeding in acutely ill medical patients after discharge.

MARINER (A Study of Rivaroxaban [JNJ-39039039] on the Venous Thromboembolic Risk in Post-Hospital Discharge Patients) studied acutely ill medical patients with additional risk factors for venous thromboembolism (VTE)....

In total, 4,909 patients were assigned to rivaroxaban and 4,913 patients to placebo. The mean age was 67.8 years, 55.5% were men, mean baseline creatinine clearance was 87.8 ml/min, and mean duration of hospitalization was 6.7 days. The pre-specified composite efficacy endpoint (symptomatic VTE, myocardial infarction, nonhemorrhagic stroke, and cardiovascular death) occurred in 1.28% and 1.77% of patients in the rivaroxaban and placebo groups, respectively (hazard ratio: 0.72; 95% confidence interval: 0.52 to 1.00; $p = 0.049$), whereas major bleeding occurred in 0.27% and 0.18% of patients in the rivaroxaban and placebo groups, respectively (hazard ratio: 1.44; 95% confidence interval: 0.62 to 3.37; $p = 0.398$).

Extended-duration rivaroxaban in hospitalized medically ill patients resulted in a 28% reduction in fatal and major thromboembolic events without a significant increase in major bleeding."

[JAMA Netw Open](#): Assessment of Coronavirus Disease 2019 Community Containment Strategies in Shenzhen, China (22 June 2020)

"Findings: This retrospective case series included 7 imported COVID-19 cases and 800 individuals at high risk. After the implementation of community measures, no locally

acquired case of COVID-19 with indirect links to confirmed cases was identified in the community.

Meaning: The findings of this study suggest that the implementation of community containment strategies by a multidisciplinary team may limit the community transmission of COVID-19."

[MMWR](#): Potential Indirect Effects of the COVID-19 Pandemic on Use of Emergency Departments for Acute Life-Threatening Conditions — United States, January–May 2020 (22 June 2020)

"National syndromic surveillance data suggest a decline in emergency department (ED) visits during the COVID-19 pandemic.

In the 10 weeks following declaration of the COVID-19 national emergency, ED visits declined 23% for heart attack, 20% for stroke, and 10% for hyperglycemic crisis.

Persons experiencing chest pain, loss of motor function, altered mental status, or other life-threatening issues should seek immediate emergency care, regardless of the pandemic.

Communication from public health and health care professionals should reinforce the importance of timely care for acute health conditions and assure the public that EDs are implementing infection prevention and control guidelines to ensure the safety of patients and health care personnel."

[Front Glob Womens Health](#): Moms Are Not OK: COVID-19 and Maternal Mental Health (19 June 2020)

"The findings of this survey illustrated a significant increase in self-reported levels of depression and anxiety, and substantial reductions in physical activity in pregnant women from before to during the COVID-19 pandemic. Depression and anxiety are well-established to have both acute (e.g., preterm delivery, attenuated fetal/neonatal growth) and long-term consequences (e.g., increased risk of future anxiety and depression, cognitive delays for the offspring) for the psychological and physical health of both mother and baby. Although, clinical diagnosis and treatment via psychological or pharmacological treatment remain front line therapies, the COVID-19 pandemic may reduce access and/or attendance to health care visits which could increase the risk of maternal/fetal health complications. The findings of this survey suggest that remaining physically active could be a helpful tool for pregnant and postpartum women. Specifically, engaging in at least 150 min of moderate intensity physical activity each week was associated with lower scores on screening tools for depression or anxiety. Thus, physical activity is an accessible measure to blunt the mental health crisis currently being experienced by pregnant and postpartum women."

[JAMA](#): Association of Angiotensin-Converting Enzyme Inhibitor or Angiotensin Receptor Blocker Use With COVID-19 Diagnosis and Mortality (19 June 2020)

"Findings: In a retrospective cohort study of 4480 patients diagnosed as having COVID-19, prior ACEI/ARB use, compared with no use, was not significantly associated with mortality (adjusted hazard ratio, 0.83). In a nested case-control study of a cohort of 494 170 patients with hypertension, use of ACEI/ARB, compared with use of other antihypertensive medications, was not significantly associated with COVID-19 diagnosis (adjusted hazard ratio, 1.05).

Meaning: Prior use of ACEI/ARB was not significantly associated with COVID-19 diagnosis or with mortality among patients diagnosed as having COVID-19."

[JAMA Cardiol](#): Characteristics Associated With Out-of-Hospital Cardiac Arrests and Resuscitations During the Novel Coronavirus Disease 2019 Pandemic in New York City (19 June 2020)

"Findings: In this population-based cross-sectional study of 5325 patients with out-of-hospital cardiac arrests, the number undergoing resuscitation was 3-fold higher during the 2020 COVID-19 period compared with during the comparison period in 2019. Patients with out-of-hospital cardiac arrest during 2020 were older, less likely to be white, and more likely to have specific comorbidities and substantial reductions in return and sustained return of spontaneous circulation.

Meaning: Identifying patients at risk for out-of-hospital cardiac arrest and death during the COVID-19 pandemic should lead to interventions in the outpatient setting to help reduce out-of-hospital deaths."

[JAMA Netw Open](#): Variation in Ventilator Allocation Guidelines by US State During the Coronavirus Disease 2019 Pandemic: A Systematic Review (19 June 2020)

"Findings: In this systematic review of publicly available US state guidelines about ventilator allocation, only 26 states provided guidance on how this allocation should occur, and their guidelines varied significantly.

Meaning: These findings suggest significant variation in US state ventilator guidelines, which could cause inequity in allocation of mechanical ventilatory support during a public health emergency, such as the coronavirus disease 2019 pandemic."

[Nat Med](#): Clinical and immunological assessment of asymptomatic SARS-CoV-2 infections (18 June 2020)

"The clinical features and immune responses of asymptomatic individuals infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have not been well described. We studied 37 asymptomatic individuals in the Wanzhou District who were diagnosed with RT-PCR-confirmed SARS-CoV-2 infections but without any relevant clinical symptoms in the preceding 14 d and during hospitalization. Asymptomatic individuals were admitted to the government-designated Wanzhou People's Hospital for centralized isolation

in accordance with policy1. The median duration of viral shedding in the asymptomatic group was 19 d (interquartile range (IQR), 15–26 d). The asymptomatic group had a significantly longer duration of viral shedding than the symptomatic group (log-rank $P = 0.028$). The virus-specific IgG levels in the asymptomatic group (median S/CO, 3.4; IQR, 1.6–10.7) were significantly lower ($P = 0.005$) relative to the symptomatic group (median S/CO, 20.5; IQR, 5.8–38.2) in the acute phase. Of asymptomatic individuals, 93.3% (28/30) and 81.1% (30/37) had reduction in IgG and neutralizing antibody levels, respectively, during the early convalescent phase, as compared to 96.8% (30/31) and 62.2% (23/37) of symptomatic patients. Forty percent of asymptomatic individuals became seronegative and 12.9% of the symptomatic group became negative for IgG in the early convalescent phase. In addition, asymptomatic individuals exhibited lower levels of 18 pro- and anti-inflammatory cytokines. These data suggest that asymptomatic individuals had a weaker immune response to SARS-CoV-2 infection. The reduction in IgG and neutralizing antibody levels in the early convalescent phase might have implications for immunity strategy and serological surveys."

[Mayo Clin Proc: Safety Update: COVID-19 Convalescent Plasma in 20,000 Hospitalized Patients \(17 June 2020\)](#)

"From April 3 to June 2, 2020, the US FDA Expanded Access Program for COVID-19 convalescent plasma transfused a convenience sample of 20,000 hospitalized patients with COVID-19 convalescent plasma.

The incidence of all serious adverse events was low; these included transfusion reactions ($n=89$; <1%), thromboembolic or thrombotic events ($n=87$; <1%), and cardiac events ($n=680$, ~3%). Notably, the vast majority of the thromboembolic or thrombotic events ($n=55$) and cardiac events ($n=562$) were judged to be unrelated to the plasma transfusion per se. The seven-day mortality rate was 8.6% (8.2%, 9.0%), and was higher among more critically-ill patients relative to less ill counterparts, including patients admitted to the intensive care unit vs. not admitted (10.5% vs. 6.0%), mechanically ventilated vs. not ventilated (12.1% vs. 6.2%), and with septic shock or multiple organ dysfunction/failure vs. those without dysfunction/failure (14.0% vs. 7.6%).

These updated data provide robust evidence that transfusion of convalescent plasma is safe in hospitalized patients with COVID-19, and support the notion that earlier administration of plasma within the clinical course of COVID-19 is more likely to reduce mortality."

[Lancet Infect Dis: Effectiveness of isolation, testing, contact tracing, and physical distancing on reducing transmission of SARS-CoV-2 in different settings: a mathematical modelling study \(16 June 2020\)](#)

"We use data from more than 40 000 individuals to assess contact patterns and potential SARS-CoV-2 transmission in different settings and compare how combinations of self-isolation, contact tracing, and physical distancing could reduce secondary cases. We

assessed a range of combined physical distancing and testing and tracing measures, including app-based tracing, remote working, limits on different sized gatherings, and mass population-based testing. We also estimated the number of contacts that would be quarantined under different strategies.

Several characteristics of SARS-CoV-2 make effective isolation and contact tracing challenging, including high transmissibility, a relatively short serial interval, and transmission that can occur without symptoms. Combining isolation and contact tracing with physical distancing measures—particularly measures that reduce contacts in settings that would otherwise be difficult to trace—could therefore increase the likelihood of achieving sustained control of SARS-CoV-2 transmission."

Preprints—not yet peer-reviewed papers

bioRxiv and medRxiv are preprint servers: "[T]hese are preliminary reports that have not been peer-reviewed. They should not be regarded as conclusive, guide clinical practice/health-related behavior, or be reported in news media as established information."

[medRxiv](#): Prevalence of IgG antibodies to SARS-CoV-2 in Wuhan - implications for the ability to produce long-lasting protective antibodies against SARS-CoV-2 (16 June 2020)

"It is to be determined whether people infected with SARS-CoV-2 will develop long-term immunity against SARS-CoV-2 and retain long-lasting protective antibodies after the infection is resolved. This study was to explore the outcomes of IgG antibodies to SARS-CoV-2 in four groups of individuals in Wuhan, China.

We included the following four groups of individuals who received both COVID-19 IgM/IgG tests and RT-PCR tests for SARS-CoV-2 from February 29, 2020 to April 29, 2020: 1470 hospitalized patients with COVID-19 from Leishenshan Hospital, Zhongnan Hospital of Wuhan University, and Wuhan No. 7 Hospital, 3832 healthcare providers without COVID-19 diagnosis, 19555 general workers, and 1616 other patients to be admitted to the hospital (N=26473). COVID-19 patients who received IgM/IgG tests <21 days after symptom onset were excluded.

IgG prevalence was 89.8% (95% CI 88.2-91.3%) in COVID-19 patients, 4.0% (95% CI 3.4-4.7%) in healthcare providers, 4.6 (95% CI 4.3-4.9 %) in general workers, and 1.0% in other patients (p all <0.001 for comparisons with COVID-19 patients). IgG prevalence increased significantly by age among healthcare workers and general workers. Prevalence of IgM antibodies to SARS-CoV-2 was 31.4% in COVID-19 patients, 1.5% in healthcare providers, 1.3% in general workers, and 0.2% in other patients.

Very few healthcare providers had IgG antibodies to SARS-CoV-2, though a significant proportion of them had been infected with the virus. After SARS-CoV-2 infection, people are unlikely to produce long-lasting protective antibodies against this virus."

In Brief

The United States, which makes up 4.3% of the world's population, accounted for 20% of all the new infections worldwide on Sunday ([NYT](#)).

In testimony before a congressional hearing on Tuesday, the heads of the CDC, NIAID, and other top health officials are expected to warn that coronavirus impacts could continue for 'some time' ([WashPo](#)).

The FDA warns of hand sanitizer manufactured in Mexico due to the potential presence of methanol (wood alcohol), which can be toxic when absorbed through the skin ([FDA](#)).

An internal investigation by the Department of Health and Human Services finds that early CDC test kits for the coronavirus were 'contaminated' ([ABC](#)).

Public health officials at the local and state level are facing harassment, personal insults, risks to their safety, and death threats ([NYT](#)).

Preparations and Tracking

Some areas of Europe are training an 'army' of medics amid fears of a second wave of coronavirus infections ([Reuters](#)).

Germany has set up call centers to help with contact tracing and tracking infection chains in a bid to continue flattening the curve and containing coronavirus infections ([NPR](#)).

A cluster of mysterious deaths in California—some involving infants and children—are being looked at more closely as there are growing concerns that the coronavirus was lurking months before it was first detected ([LAT](#)).

Testing, Treatment, Recovery, and Vaccines

NIH has halted their clinical trial of hydroxychloroquine for COVID-19 ([NIH](#)).

Earlier this month, Biomedical Advanced Research and Development Authority (BARDA) abruptly gave notice to companies and researchers that it was halting funding for new lung treatments ([NYT](#)).

With evidence suggesting dexamethasone could help reduce mortality with COVID-19, some are raising concerns of possible shortages of the drug ([Science](#)).

Gilead is moving forward with an open label, single-arm phase 2/3 trial of its antiviral remdesivir in pediatric patients with COVID-19 ([Gilead](#)).

The company is working with generic drugmakers to ramp up supply of remdesivir, anticipating that more than 2 million courses will be ready by the end of the year ([Reuters](#)).

They are also cleared to start a phase 1 trial of a nebulized version of remdesivir, which currently is given intravenously ([NYT](#)).

Ripple Effects

In a House subcommittee hearing, public health experts said systemic racism is to blame for the disproportionately high rates of COVID-19 among Black Americans ([Medpage](#)).

"The number of people in Latin America and the Caribbean living in extreme poverty could surpass 83 million this year due to the impacts of the COVID-19 pandemic, leading to a significant rise in hunger" ([UN](#)).

The pandemic is upending palliative care as ICU staff coordinate with families for goodbyes over Zoom and comfort patients who would otherwise die alone ([Atlantic](#)).

A National Cancer Institute model predicts there will be 10,000 excess deaths from breast cancer and colorectal cancer in the US over the next decade because of pandemic-related delays ([STAT](#)).

What happens to the pets who have been left behind when their humans get sick or die from COVID-19? Sometimes there are happy endings, but not always ([NYT](#)).

Early Warning Systems

The Global Immunological Observatory (GIO) project is studying millions of blood samples to monitor for signs of pathogens spreading through the population ([Science](#)).

Wastewater testing is one way to monitor for possible rebound cases of coronavirus ([STAT](#)). Tests done in Cape Canaveral, Florida the week of May 26 showed viral concentrations that equivalent to at least 85 COVID-19 patients "flushing away the presence of the virus in their stools" ([Florida Today](#)).

"A growing body of evidence shows that forest loss and fragmentation can also increase the risk of animal-borne infectious disease, similar to the type that's currently upending the world" ([NPR](#)).

The New 'Normal'

First it was suggestions that football season won't happen, now pro tennis (well, one player) is at risk ([WashPo](#)).

If venturing into an elevator, wear a mask, tap buttons with an object or your knuckle, and don't talk—that's good elevator etiquette anyway ([WashPo](#)).

Have you experienced mystery fireworks going off at night? You aren't alone ([WashPo](#)).

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Statistics

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